

(TO BE COMPLETED BY THE PHYSICIAN)

CHEST X-RAY?
DATE TAKEN:
ANY TBC?Yes ☐ No ☐
Yes ☐ No ☐MEDICAL SUMMARY: Age 36 Sex M Race Hispanic Date of Admission 10/31/06I. Complaint: LeukocytosisCourse in Hospital: 36 y/o w metastatic colon CA. Pt originally presented to clinic wleukocytosis from upon admission. Cr 1.4-1.6 most likely 1-10. CA. PtBlood cultures ORSA @ 10/18 urine @ Pseudomonas @ 10/18 10/21 urine @@ 10/21 urine @ PT was treated w Vancomycin, Ceftazidime, Flagyl, FluconazoleUpon d/c Pt will be d/c on Xyloc, 1mg, Fluconazole v 2 weeks. Pt willbe seen in ID clinic and further tests will be made. In house pt was seenby oncology re maybe further chemo for palliation however after leukocytosisresolves. PRS. no hospice and pt is well known to clinic. however pt admitabout further chemo. Pt also had suprapubic mass. Ultrasound @ bladder? bowel tumorCT scan confirmed results. NTS consulted p surgical intervention. PRS consult for MEDICAL AUDITDIAGNOSIS: p intervention. Palliative service consulted re. Pain management. d/c on d/cpt d/c on 2 weeks of antibiotics for Pseudomonas / funga / ORSA andfollowed up at ID clinic. Pt did not have continual leukocytosis. may bc 2"to nephrostomy stents. Pt did not have fever for > than 72 hoursPalliative Service re. Ritalin 5mg qid BID1. Metastatic colon CA.2. RI - 2010 CA.3. Leukocytosis 2-10 Pseudomonas UTI / (Staph ORSA blood) urine fungal4. Decub ulcer5. Decub ulcer6. Decub ulcer7. Decub ulcer8. Decub ulcer9. Decub ulcer10. Decub ulcer11. Decub ulcer12. Decub ulcer13. Decub ulcer14. Decub ulcer15. Decub ulcer16. Decub ulcer17. Decub ulcer18. Decub ulcer19. Decub ulcer20. Decub ulcer21. Decub ulcer22. Decub ulcer23. Decub ulcer24. Decub ulcer25. Decub ulcer26. Decub ulcer27. Decub ulcer28. Decub ulcer29. Decub ulcer30. Decub ulcer31. Decub ulcer32. Decub ulcer33. Decub ulcer34. Decub ulcer35. Decub ulcer36. Decub ulcer37. Decub ulcer38. Decub ulcer39. Decub ulcer40. Decub ulcer41. Decub ulcer42. Decub ulcer43. Decub ulcer44. Decub ulcer45. 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J. AMBULATION: Fully Ambulatory ☐ Progressive Ambulation ☒ Cannot Climb Stairs ☐ Needs Bed Care ☐

Medical Restriction:

K. WORKING ABILITY: May Patient Return to Usual Occupation? Yes ☐ No ☐If Disability Permanent, Does Patient Have Rehabilitative Potential? Yes ☐ No ☐

DIET: Regular 161 40 mg TPO x 1. Magnesium Oxide 400mg TPO x 3 days. Calories: Sodium Content:

M. MEDICATIONS, DRESSINGS, APPLIANCES, OR TREATMENTS: Give Directions.

XSRASD Reglan 10mg TPO Q-2 P.M. NIV. Ritalin 50mg TPO BID.

N. RECOMMENDED CLINIC APPOINTMENTS.

Xyrol 600mg TPO BID.

Zolmet 50mg TPO daily

1D clinic 11/13/06 at 9:00am

Leraquin 750mg TPO daily

Colau 100mg TPO BID

1pct. Dr. Devani in 1 week hospital D/C.

Fincorazole 300mg TPO daily

Nystatin swish/swallow

CRS 11/13/06 5:51 at 1pm T. Dr. Frankhouse

Percavil 30mg TPO BID

Megace 800mg TPO daily

Hematology 11/14/06 8:30am 4675 Z Linlix 11

Aravisp 500mg Sub Q weekly

Zinc Sulfate 200mg TPO daily

Oncology 11/7/06 at 1pm 1pct. Dr. Ho

O. DISCHARGE PATIENT ON:

DISCHARGE PATIENT TO: ☐ Nursing Home: ☒ Closed ☐ Open ☐ Duration:☐ Board & Care Home: ☐ Closed ☐ Open ☐ Duration ☐ Other:

Armani

Armani

10/31/06

SIGNATURE OF RESIDENT IN CHARGE OF CASE

SIGNATURE OF PHYSICIAN COMPLETING REPORT

DATE

P. NURSING DISCHARGE RECORD:

Clinic Appts Given

Medications Given

Supplies Given:

See above

4x4 gauze x 2 wds
Colau 100mg bag x 2 wds
Pape x 2

Status of Patient:

Follow Simple Instructions: Yes ☒ No ☐

Patient's Behavior

Cooperative

Speaks English: Yes ☒ No ☐Spanish: Yes ☐ No ☐

Other

Speech: Normal ☒

Other:

Hearing: Normal ☒Hearing Aid ☐Control Bladder & Bowels: ☐ Incontinent: ☐ Urine ☐Feed Self: Yes ☐ No ☐Bathe Self: Yes ☐ No ☐Dress Self: Yes ☐ No ☐Dentures: Upper ☐ Lower ☐ None ☐Walk Alone: Yes ☐ No ☐Uses: Cane ☐ Crutches ☐Walker Aid ☐Prosthesis ☐Wheelchair: Yes ☐ No ☐Pushes self ☐Transfers self ☐Nails (hand and feet) Clean: Yes ☐ No ☐Hair Combed & Clean: Yes ☐ No ☐

Condition of Skin

Decubiti: No ☐ Yes, (describe)Allergies: No ☐ Yes, (Specify)Unhealed Wounds: No ☐ Yes, (describe)Instructed & Understands: Diet: Yes ☐ No ☐Activity: Yes ☐ No ☐Limitations: Yes ☐ No ☐Clinic Appts: Yes ☐ No ☐Medications: Yes ☐ No ☐Supplies and Treatments: Yes ☐ No ☐

Remarks:

PT family instructed on above meds/appts for FU/dressing. Is also instructed to return to ER should the need for medical help arise - verbalized understanding.

Left ward via

Discharge Date

10/31/06

Left ward with

Discharge Time

RN Signature

Q. IDENTIFYING DATA:

Discharge Address

525 S Ardmore Ave #149

Los Angeles, Ca. 90020

(213) 387 9124

City

State

Phone

Person To Notify

Name of Institution

Name

Relationship

Address

Phone

IMPRINT I.D. CARD (NAME: MRUN CLINICWARD)

asuega Radney

ASUEGA RADNEY

721-92-94

N/PC

721-92-94

AK

DISCHARGE RECORD

PATIENT'S REFERRAL COPY

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